

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		I				
3		I				
4		I				
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50						
TOTAL IND.	3					
TOTAL DEP.	7	↔	↔	↔		
TOTAL CLAIMS	10	↔	↔	↔		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.				↔	↔	↔		
TOTAL DEP.				↔	↔	↔		
TOTAL CLAIMS				↔	↔	↔		

BEST AVAILABLE COPY